U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil benefities as provided by 29 U.S.C 439 or 440.

For Official Use Only	RECEIVED TO STONE
E (SHedd WAR 21795) READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.  APR 2006
Que of	BUTE 11(3) No. 151 OFFICE
1. File Number U - 1/334	2. Fiscal Year Covered From:
	01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name William F Segarra	Name Tuck Local 463
	Labor Organization File Number 11598
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3848 Cambria-Wilson Rd	Street 3365 Ridge Rd
City Ransomville	City Ransomville
State New York ZIP Code + 4 14/31	State New York ZIP Code + 4 1431
5. Position in labor organization.  Dresident of Local 463, effective Sept, 2005	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.5. Amount
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed William F Legan	On 02/19/06 716 - 751 - 9442  Date Telephone Number

Name of Person Filing William F. Segarra	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name Engineers Joint Training Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 101 Tatrepid Lane  City Syracuse  State New York ZIP Code + 4 13205	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  The Engineers Joint Training Fund (ESTF) owns the building which houses the Local 463's offices. Cleaning and some gardening services were provided by Gail Segara.  11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.  Gail S. Segarra, space of William  F. Segarra, provided cleaning and aardening services to the Local 463 offices on a bi-weeky tasis: withdree her services on 4/2/05.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.